## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:   | <u>01-05-07</u>  | Address:  | 1390 W SR 246   |
|---|--|---|---|
| Case #:   | <u>32-27262</u>  |   | Clay City, IN   |
| County:   | Clay   |   | <u>47841</u>  |
| Operati Chemic  | aboratory Scizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only) | Seizure Location (c Residence Outbuilding Vehicle             | check all that apply)  Hotel/Motel Open – No Structure Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  [ Lithium/Ammonia Reaction(s):                            |  |   |   |
| Red Phosphorous/Iodine Reaction(s):   |  |   |   |
| ☐ Flammable Solvents: Ditch   |  |   |   |
| Water Reactive Metal (Lithium): Ditch   |  |   |   |
| X Aπhydrous Ammonia: <u>Ditch</u>   |  |   |   |
|   |  |   |   |
| Corrosive Acid: Ditch   |  |   |   |
| Corrosive Base:   |  |   |   |
| Other (item and location):  |  |   |   |
| Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services                     |  | Investigative Information    Retail/Merchant Tip   Other: Tip |   |
| This report is to be faxed to the following agencies that serve the location:   |  |   |   |
| Fire Department: Clay City VFD  Health Department: Clay County  Child Protection Service:   |  | Fax: <u>N/A</u><br>Fax: <u>(812)</u><br>Fax:                  |   |
| For further information regarding this methamphotamine laboratory, contact Investigating Officer: J.D. Goldner / 5228 Phone (812)299-1153 |  |   |   |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department tisted within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.